

03500.015872.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

In re Application of:)
: Examiner: D. Harvey
TOMOYUKI TAKEDA, et al.)
: Group Art Unit: 2643
Application No.: 09/977,317)
: Filed: October 16, 2001)
: For: APPARATUS WITH)
COMMUNICATION)
FUNCTION, METHOD OF)
CONTROLLING)
APPARATUS, AND)
STORAGE MEDIUM)
STORING PROGRAM FOR)
CONTROLLING APPARATUS : January 4, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

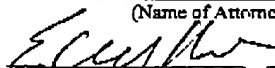
Sir:

In response to the Office Action dated October 4, 2004, please amend the
above-identified application as follows.

I hereby certify that this correspondence is being facsimile transmitted to:
Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-
1451 on

January 4, 2005
(Date of Transmission)

Edward A. Kmet (Reg. No.: 42,746)
(Name of Attorney for Applicant)


Signature

January 4, 2005
Date of Signature

BEST AVAILABLE COPY

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive, Suite 1800
Costa Mesa, California 92626
(714) 540-8700

Facsimile: (714) 540-9823

RECEIVED
CENTRAL FAX CENTER

JAN 04 2005

FACSIMILE COVER SHEET

TO: U.S. Patent & Trademark Office
Central Facsimile

FROM: Edward A. Kmetz (Reg. No. 42,746)

RE: U.S. Application No. 09/977,317
Attn: Examiner D. Harvey
Group Art Unit 2643

FAX NO.: (703) 872-9306

DATE: January 4, 2005

NO. OF PAGES: 15
(including cover page)

TIME:

SENT BY:

MESSAGE**FORMAL PAPERS**

Attached hereto is an Amendment and an Amendment Transmittal in response to the Office Action dated October 4, 2004.

I hereby certify that this correspondence is being facsimile transmitted to: Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313, 1450 on

January 4, 2005

(Date of Deposit)

Edward A. Kmetz (Reg. No. 42,746)
(Name of Attorney for Applicant)



Signature

January 4, 2005

Date of Signature

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

**RECEIVED
CENTRAL FAX CENTER**

In re Application of:

JAN 0 4 2005

Docket No. 03500.015872.

TOMOYUKI TAKEDA, et al.

Examiner: D. Harvey

Application No.: 09/977,317

Group Art Unit: 2643

Filed: October 16, 2001

Date: January 4, 2005

For: APPARATUS WITH COMMUNICATION FUNCTION, METHOD OF CONTROLLING
APPARATUS, AND STORAGE MEDIUM STORING PROGRAM FOR CONTROLLING APPARATUS

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 12	MINUS	** 20	= -0-	x \$25 \$50	-0-
INDEP. CLAIMS	* 3	MINUS	*** 3	= -0-	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

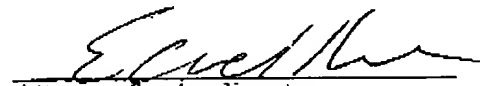
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Edward A. Kmett
Registration No.: 42,746

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
Form #120

CA_MAIN 90211v1

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☒ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.